

(1) PLACE OF BIRTH

County of ColletonTownship of Wares

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 49.10Registered No. 41
(For use of Local Registrar)St. 1 Ward 1(2) Full Name of Child Aene Hagme Scott

If child is not yet named, make supplemental report as directed

3 SEX OR CHILD <u>girl</u>	4 Type of Toilet <u>✓</u> To be reported only in case of Toilet or Toilet	5 Number in order of birth <u>6th</u>	6 Age of Mother <u>30</u>	7 DATE OF BIRTH <u>July 5, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME W. Harry Scott

9 PRESENT POSTOFFICE OF FATHER Colleton S.C.

10 COLOR OR RACE White

11 AGE AT LAST BIRTHDAY 39

12 BIRTHPLACE Indiana

13 OCCUPATION Sawfiler

14 Number of children born to mother, including present birth 15

MOTHER.

14 NAME BEFORE MARRIAGE Jennie Wilson

15 PRESENT POSTOFFICE OF MOTHER Colleton S.C.

16 COLOR OR RACE White

17 AGE AT LAST BIRTHDAY 32

18 BIRTHPLACE Indiana

19 OCCUPATION Housewife

20 Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Colleton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Place July 6, 1923(28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar [Signature]LOCAL REGISTRAR [Signature]

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